

RCE #16

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/747,488	
	Filing Date	December 21, 2000	
	First Named Inventor	Steven Bowman	
	Group Art Unit	1615	
	Examiner Name	L. Di Nola Baron	
Total Number of Pages in This Submission		Attorney Docket Number	22956-67

ENCLOSURES (check all that apply)

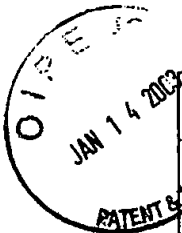
<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. PTO-1449 with one reference
<input checked="" type="checkbox"/> Supp. Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. Check for \$180.00 for filing fee
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	3. Return Postcard
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	NUTTER MCCLENNEN & FISH LLP William C. Geary III
Signature	
Date	January 9, 2003

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AMENDMENT TRANSMITTAL LETTER				Docket No. 022956-0067	
Application No. 09/747,488-Conf. #8271		Filing Date December 21, 2000		Examiner L. Di Nola Baron	
				Art Unit 1615	
Applicant(s): Steven M. Bowman, Izi Bruker, and Alireza Rezanian					
Invention: REINFORCED FOAM IMPLANTS WITH ENHANCED INTEGRITY FOR SOFT TISSUE REPAIR AND REGENERATION					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 20 =		x	0.00
Independent Claims	1	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. <u>141449</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 William C. Geary III Attorney Reg. No.: 31,359 NUTTER MCCLENNEN & FISH LLP World Trade Center West 155 Seaport Boulevard Boston, Massachusetts 02210-2604 (617) 439-2766				Dated: <u>January 9, 2003</u>	
Amendment Transmittal					
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Box Non-Fee Amendment, Commissioner for Patents, Washington, DC 20231, on the date shown below.					
Dated: <u>January 9, 2003</u>			Signature: (William C. Geary III)		

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PTO/SB/17 (10-02)

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 750.00

Complete if Known	
Application Number	09/747,489-Conf. #8273
Filing Date	December 21, 2000
First Named Inventor	Mora C. Melican
Examiner Name	U. Chattopadhyay
Group Art Unit	3738
Attorney Docket No.	022956-0066

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account

Deposit Account Number 141449

Deposit Account Name Nutter McClennen & Fish LLP

The Commissioner is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid
Independent Claims	-3** =			
Multiple Dependent				

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	750.00
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 750.00

SUBMITTED BY

Name (Print/Type) William C. Geary III

Registration No. (Attorney/Agent)

31,359

Complete (if applicable)

Telephone (617) 439-2766

Signature

Date

January 9, 2003

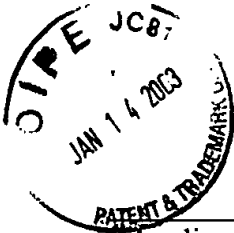
Fee Transmittal

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Dated: January 9, 2003

Signature: (William C. Geary III)

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Bowman et al.
Application No: 09/747,488
Filing Date: December 21, 2000
Entitled: **REINFORCED FOAM IMPLANT
WITH ENHANCED INTEGRITY
FOR SOFT TISSUE REPAIR AND
REGENERATION**
Atty. Docket No: 22956-67

Group Art Unit: 1615
Examiner: L. Di Nola Baron

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v2 3
1-25-3

Certificate of Mailing (37 C.F.R. 1.8(a))	
I hereby certify that this correspondence is being deposited with the United States Postal Service Post Office as first class mail in an envelope addressed to: Box Non-Fee Amendment, Assistant Commissioner for Patents, Washington, D.C. 20231 on the date set forth below.	
1-9-03	By: <i>Wt</i>
Date of Signature and Mail Deposit	William C. Geary III, Reg. No: 31,359 Attorney for Applicant(s)

AMENDMENT AND RESPONSE

Box Non-Fee Amendment
Assistant Commissioner for Patents
Washington, DC 20231

Dear Sir:

This communication is in response to the Office Action dated October 22, 2002 and is timely. The Commissioner is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should be filed herewith to our Deposit Account No. 141449, under Order No. 22956-67.

Please amend the above-identified U.S. Patent application as follows:

In the Claims

Please cancel claims 18-53 and amend claim 1 as shown below. The following pages present a complete set of the pending claims (as amended without markings), followed by a marked version of the amended claims, showing all revisions.

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